FILE NOW: Fee after May 1, will be \$588.75



FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9400000510 PALM DEVELOPMENT GROUP OF SOUTHWEST FLORID 1a. Principal Place of Business Add. A. L. C. 24651 CANARY ISLAND CT. 24651 CANARY ISLAND CT. BONITA SPRINGS FL 34134 If above mailing address is incorrect in any way, line through incorrect Information and enter correction in Block 2a.	AND CT. L 34134 Sa. State of Formation
A, L.C. 24651 CANARY ISLAND CT. BONITA SPRINGS FL 34134 Habove mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 24651 CANARY ISLA BONITA SPRINGS FI 3. Date Organized or Qualified 3. 9/30/1994 FI 4. FEI Number	AND CT. L 34134 Sa. State of Formation L Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 09/30/1994 PI	L Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number	Applied For
City & State	
, ab=uba8314	Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
Zip Country Zip Country D7/29/1996	S8 75 Additional Fee Hequired
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Name	stered Agent
-02/25/9	37-01148001 2p 6de ****203.75
SIGNATURE DATE	
SIGNATURE	State and Zip Code
MEM BOSWORTH CORP. OF LE, 4200 SAWGRASS POINT DR. BONITA SI	PRINGS FL PRINGS FL

11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowers to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an extender of the liability company or the receiver or trustee ampowers to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER